

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 02/01/05 Date:
Section: General Medical Policy	Section: 53.16 Pages: 2	
Subject: Mobile Medical Units Other Than Independent Diagnostic Treatment Facilities (IDTF)	Cross Reference: 37.02 Independent Diagnostic Testing Facilities and Other Independent Mobile Diagnostic Units	

For Division of Medicaid purposes, a mobile medical unit is defined as a self-contained facility or unit that can be moved, towed, or transported from one location to another and provides prevention, screening, diagnostic, and treatment services.

This policy and definition excludes services provided in an Independent Diagnostic Treatment Facility. Refer to section 37.02 Independent Diagnostic Testing Facilities and Other Independent Mobile Diagnostic Units for policy related to Independent Diagnostic Testing Facility.

Criteria

Mobile medical units must satisfy the following criteria:

- must be owned and operated by a current Medicaid provider that has a permanent fixed office location where healthcare services are provided during normal business hours on a daily basis and the fixed office location is available for contact twenty-four (24) hours a day, seven (7) days a week
- must maintain fixed, scheduled locations
- must have a separate Medicaid provider number from the permanent fixed office location
- must have a physician, physician assistant, dentist, certified audiologist, chiropractor, pharmacist, optometrist, ophthalmologist, or nurse practitioner available to furnish direct patient care services at all times during business hours
- must have a written procedure that includes emergency follow-up care for beneficiaries treated in the mobile medical unit and arrangements for treatment in a facility which is permanently established in the area
- must have communication capabilities which will enable the staff to contact necessary emergency personnel in the event of an emergency
- must ensure the driver of the mobile unit possesses a valid Mississippi driver's license of the appropriate class, the vehicle has a current Mississippi motor vehicle tag, and the vehicle has had a current Mississippi motor vehicle inspection
- must comply with all applicable federal, state, and local laws, regulations and ordinances governing biohazard waste, waste water (black and grey), construction, safety, sanitation, insurance, and zoning
- must be handicapped accessible
- must have properly functioning sterilization system for sterilizing reusable medical equipment
- must have access to an adequate supply of potable (suitable for drinking) and portable water, including hot water

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- must have access to toilets and sanitary hand washing facilities

All service limits apply, and services are subject to all policies and regulations applied by the Mississippi Division of Medicaid for each program area, for example: services provided by a dental mobile unit are subject to all dental program policies.

DOCUMENTATION

Beneficiary records must be maintained at the permanent fixed physical office location and a copy of the beneficiary's record must be maintained in the mobile unit. All professional and institutional providers participating in the Medicaid program are required to maintain records that disclose services rendered and billed under the program and, upon request, make such records available to representatives of DOM or the Office of the Attorney General in substantiation of any or all claims. These records must be retained a minimum of five (5) years in order to comply with all state and federal regulations and laws.

In order for DOM to fulfill its obligations to verify services to Medicaid beneficiaries and those paid for by Medicaid, providers must maintain auditable records that substantiate the claim submitted to Medicaid. At a minimum, the records must contain the following on each beneficiary:

- Date of service
- History taken on initial visit
- Chief complaint on each visit
- Tests, radiographs and results (radiographs must be legible, contain the beneficiary's name and the date, and must be maintained on file with the beneficiary's records)
- Diagnosis
- Treatment, including prescriptions
- Signature or initials of provider after each visit
- Copies of hospital and/or emergency room records that are available

Providers must maintain proper and complete documentation to verify the services provided. The provider has full responsibility for maintaining documentation to justify the services provided.

DOM and/or the fiscal agent have the authority to request any beneficiary records at any time to conduct a random sampling review and/or document any services billed by the provider.

If a provider's records do not substantiate services paid for under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to the Mississippi Medicaid program any money received from the program for such non-substantiated services. If a refund is not received within 30 days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due the provider.

A provider who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws and/or may be subject to civil monetary penalties or fines, and/or may be disqualified as a provider of Medicaid services.